

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/TP 22007553/49c

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

999c

Vehicle: IN / OUT

Date / Time

Action / Instruction

relaysie case 20713k.

Veh No:

SMX3327H

Yr Regn:

07/01/21

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

CA /

Make:

Toyota C-HR Hybrid c.c.

1797

Colour

white

A/C: Insured / Std / NI / NA

Sp. Reading

31436

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/50 R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

7

Rear

7

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

07/08/22

D.O.I.

08/08/22

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

16/9/22 2/5 @ 9200 informed Anson (Red, 10103.80, 52%)

Date/Time, File Pass to?

1) 16/9/22

Date/Time, File Return to?

2)

☐

Preli. Report

☐

Final Report

Days Of Repair:

7

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

9x15=135

170+135

50

50+50

115

80

650

Report Format :

Lump Sum / I.B.I: (\$

9200